



## COMPLAINTS FORM

(This form may be used by internal AND external parties, including students, staff members and third parties)

PERSONAL DETAILS	
Name:	
Contact number:	
Course: (If course related)	
COMPLAINT DETAILS	
Reason for complaint (Please tick)	
<input type="checkbox"/> Staff member <input type="checkbox"/> Services <input type="checkbox"/> Other (Please specify).....	
Outline the reason for your complaint:	
Date of event/s:	
PLEASE LIST ANY EVIDENCE YOU WILL BE SUBMITTING WITH YOUR APPLICATION	
ACKNOWLEDGEMENT/ PRIVACY	
<i>All the information provided is true and correct to the best of my knowledge</i>	
Name:	Signature:
Date:	
<i>The information provided on this form will be used to resolve your appeal/complaint. None of the information provided on this form will be disclosed to anyone outside of the AILC without your permission.</i>	
OFFICE USE ONLY	
Received by staff member: ..... Date: .....	
Appeal outcome:	
<input type="checkbox"/> Successful      Date: ..... <input type="checkbox"/> Unsuccessful      Date: .....	

Version	Created	Reviewed & Changes	By whom
1	2015	Reviewed: 22/11/2016 New logo added. Acknowledgement slightly reworded.	Alinta Batten